

**REFERENCE INFORMATION SHEET**  
**(PAST PERFORMANCE QUESTIONNAIRE)**

REQUEST FOR PROPOSAL (RFP) HSCG23-05-R-QAC242, ADVERTISING  
SUPPORT SERVICES FOR THE USCG MILITARY RECRUITMENT PROGRAM.

**Contractor Name:** \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Our Company is submitting a proposal for the referenced RFP and will provide your name to the USCG as a reference. As discussed during our conversation with you earlier, completion of the attached questionnaire is required as part of the USCG evaluation process. Please complete the questionnaire Sections II through IV, and return the completed questionnaire no later than **15 August 2005** via fax or email directly to the Contract Specialist at the USCG as follows:

ATTENTION: MS. VERONICA DOTSON/G-ACS-2A  
202-475-3905 (Fax)

Or Email At:

[vdotson@comdt.uscg.mil](mailto:vdotson@comdt.uscg.mil)

WE THANK YOU IN ADVANCE FOR YOUR WILLINGNESS TO TAKE THE TIME AND EFFORT TO COMPLETE THE QUESTIONNAIRE. YOUR CANDID RESPONSES TO THESE QUESTIONS WILL ASSIST THE USCG IN EVALUATING OUR COMPANY'S PAST PERFORMANCE. THANK YOU AGAIN FOR YOUR TIME IN RESPONDING TO THE QUESTIONNAIRE.

## **PAST PERFORMANCE QUESTIONNAIRE (PPQ)**

### **REQUEST FOR PROPOSAL HSCG23-05-R-QAC242, ADVERTISING SUPPORT SERVICES FOR THE USCG MILITARY RECRUITMENT PROGRAM.**

Please fax or e-mail completed questionnaire not-later-than (NLT) 15 AUGUST 2005 to:

Ms. Veronica Dotson/202-475-3905 (Fax)

[vdotson@comdt.uscg.mil](mailto:vdotson@comdt.uscg.mil)

Should you have any questions regarding this questionnaire, please contact Ms. Veronica Dotson, Contract Specialist at (202) 475-3207 (voice) or Ms. Brenda M. Peterson, Contracting Officer at (202) 475-3210.

### **Section I - Details of Company Being Evaluated**

#### **A. Contractor Information:**

1. Company Name:	
2. Address:	
3. Company POC's Name:	
4. POC's Title:	
5. POC's Phone #:	
6. POC's Fax #:	
7. POC's Email:	

#### **B. Information regarding Past Contract(s) being evaluated**

1. Contract #:	
2. Customer (Agency/Firm Name):	
3. Performance Period (When was work done?)	
4. Location(s) (Where Work Was Performed)	
5. Scope of Contract (i.e. Brief Description of Work Performed):	
6. Contract Amount:	

### **SECTION II - Details of Evaluator (Person providing Evaluation of Agency/Firm)**

1. Evaluator's Name:	
2. Title: (i.e. Contracting Officer/Contracting Officer Technical Representative)	
3. Organization:	
4. Evaluator's Phone #:	
5. Evaluator's Fax #:	
6. Evaluator's Email:	

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#### **REQUEST FOR PROPOSAL HSCG23-05-R-QAC242, ADVERTISING SUPPORT SERVICES FOR THE USCG MILITARY RECRUITMENT PROGRAM.**

#### **SECTION III (A.) - *Quality* of Services Provided By Vendor:**

**KEY:** 5 = Unsatisfactory 4 = Marginal 3 = Satisfactory 2 = Superior 1 = No Rating

**(Note:** Key defined on Page 5 of PPQ).

1. How satisfied are/were you with the overall performance this contractor provided?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
2. To what degree did this contractor conform to your contract's requirements and to standards of good workmanship?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
3. To what extent did the contractor respond to and attempt to correct any concerns, issues, or problems that appeared during performance of your contract?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
4. How would you rate the effectiveness of the contractor's problem resolution efforts?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
5. How would you rate the ability of the contractor to provide personnel with the requisite qualifications to accomplish contract/task order requirements?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
6. How would you rate the contractor in regards to compliance with Privacy Act and Security requirements if applicable to your project?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

#### **SECTION III (B.) - *Timeliness* of Services Provided your Firm:**

**KEY:** 5 = Unsatisfactory 4 = Marginal 3 = Satisfactory 2 = Superior 1 = No Rating

7. To what extent did the contractor adhere to the overall schedule of your contract?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
8. In addition to completion of your overall project, to what extent did the contractor meet the major interim milestones of your contract?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
9. Did the contractor require any extensions to the performance schedule of your requirement (due to the contractor's fault?)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
10. How would you rate the contractor's timeliness in providing periodic status reports under your contract?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
11. How would you rate the contractor in implementing program requirements which were a part of the contract?	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

#### **SECTION III (C.) - *Subcontracts*:**

12. Did the contractor meet the subcontracting goals specified for Small, Disadvantaged Business Participation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA				
13. If subcontracts were utilized under your contract, how satisfied were you with the subcontractor(s) overall performance? (Please Explain.)	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1

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**SECTION III (D.) – *Cost Control:***

14. Did the contractor complete your requirement within the forecasted/negotiated amount? (If “No”, was this due to the contractor’s fault?)	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION III (E.) – *Key Personnel:***

<p>15. Please Comment on the Contractor’s Key Personnel:</p> <p>⇒ Project Manager-</p> <p>⇒ Account Executive-</p> <p>⇒ Creative Director-</p> <p>⇒ Media Director-</p> <p>⇒ Other-</p>
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**SECTION IV: *Closing Comments***

16. If given a choice, would you consider this contractor for another contract? Please explain your answer & provide any additional comments regarding the past performance of this company:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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17. OVERALL RATING OF CONTRACTOR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	5	4	3	2	1

**Key Defined:**

**No Rating** – The Contractor has no relevant past performance.

**Superior** – One or more examples where past performance significantly exceeded requirements.

**Satisfactory** – Past performance met requirements.

**Marginal** – One or more examples where past performance failed to meet requirements due to fault of contractor.

**Unsatisfactory** – One or more examples where past performance significantly failed to meet requirements due to fault of contractor.